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Glossary

Abstinence percentage. The percentage of smokers who achieve long-term abstinence from smoking. The most frequently used abstinence measure for this guideline was the percentage of smokers in a group or treatment condition who were abstinent at a followup point that occurred at least 5 months after treatment.

Acupuncture. A treatment involving the placement of needles in specific areas of the body with the intent to promote abstinence from tobacco use.

All-comers. Individuals included in a tobacco treatment study regardless of whether they sought to participate. For example, if treatment was delivered to all smokers visiting a primary care clinic, the treatment population would be coded as “all-comers.” Presumably, individuals who seek to participate in tobacco treatment studies (“want-to-quit” smokers) are likely more motivated to quit, and studies limited to these individuals may produce higher quit rates. All-comers can be contrasted with “want-to-quit” populations.

Anxiolytic. A medication used to reduce anxiety symptoms.

Aversive smoking. Several types of therapeutic techniques that involve smoking in an unpleasant or concentrated manner. These techniques pair smoking with negative associations or responses. Notable examples include rapid smoking, rapid puffing, focused smoking, and satiation smoking.

Biochemical confirmation. The use of biological samples (expired air, blood, saliva, or urine) to measure tobacco-related compounds such as thiocyanate, cotinine, nicotine, and carboxyhemoglobin to verify users’ reports of abstinence.

Bupropion SR (bupropion sustained-release). A non-nicotine aid to smoking cessation originally developed and marketed as an antidepressant. It is chemically unrelated to tricyclics, tetracyclics, selective serotonin re-uptake inhibitors, or other known antidepressant medications. Its mechanism of action is presumed to be mediated through its capacity to block the re-uptake of dopamine and norepinephrine centrally.

Cigarette fading/smoking reduction prequit. An intervention strategy designed to reduce the number of cigarettes smoked or nicotine intake prior to a patient’s quit date. This may be accomplished through advice to cut down or by systematically restricting access to cigarettes. This category includes interventions using computers and/or strategies to accomplish prequitting reductions in cigarette consumption or nicotine intake.

Clinician. A professional directly providing health care services.

Clinic screening system. The strategies used in clinics and practices for the delivery of clinical services. Clinic screening system interventions involve

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changes in protocols designed to enhance the identification of and intervention with patients who smoke. Examples include affixing tobacco use status stickers to patients' charts, expanding the vital signs to include tobacco use, and incorporating tobacco-use status items into patient questionnaires.

Clonidine. An alpha-2-adrenergic agonist typically used as an antihypertensive medication, but also documented in this guideline as an effective medication for smoking cessation. The U.S. Food and Drug Administration (FDA) has not approved clonidine as a smoking cessation aid.

Compensatory smoking. When a smoker inhales more smoke, or smokes more intensely, to compensate for reductions in nicotine content of tobacco smoke, or number of cigarettes smoked/day.

Contingency contracting/instrumental contingencies. Interventions where individuals earn rewards for cigarette abstinence and/or incur costs or unpleasant consequences for smoking. To receive this classification code, actual, tangible consequences had to be contingent on smoking or abstinence. Thus, simple agreements about a quit date, or other agreements between treatment providers and patients without specifiable consequences, were not included in this category. Deposits refunded based on study attendance and/or other incentives that are not contingent on smoking abstinence or relapse did not receive this code.

Continuous abstinence. A measure of tobacco abstinence based on whether subjects are continuously abstinent from smoking/tobacco use from their quit day to a designated outcome point (e.g., end of treatment, 6 months after the quit day).

Cue exposure/extinction. Interventions that repeatedly expose patients to smoking-related cues in the absence of nicotine reinforcement in an attempt to extinguish affective/motivational responding to such cues. This includes treatments where patients are encouraged to perform the smoking self-administration ritual, excepting inhalation.

Diazepam. A benzodiazepine anxiolytic; medication intended to reduce anxiety.

Environmental tobacco smoke (ETS). Also known as "second-hand smoke." The smoke inhaled by an individual not actively engaged in smoking but due to exposure to ambient tobacco smoke.

Exercise/fitness component. Refers to an intervention that contains a component related to exercise/fitness. The intensity of interventions falling within this category varied from the mere provision of information/advice about exercise/fitness to exercise classes.

Extra-treatment social support component. Interventions or elements of an intervention wherein patients are provided with tools or assistance in obtaining

social support outside of treatment. This category is distinct from intra-treatment social support, in which social support is delivered directly by treatment staff.

Foundation for Accountability (FACCT). A consumer- and purchaser-driven organization that develops patient-oriented measures of health care quality.

First-line pharmacotherapy for tobacco dependence. First-line pharmacotherapies have been found to be safe and effective for tobacco dependence treatment and have been approved by the FDA for this use. First-line medications have established empirical record of efficacy, and should be considered first as part of tobacco dependence treatment except in cases of contraindications.

Formats. Refers to a smoking cessation intervention delivery strategy. This includes self-help, proactive telephone counseling, individual counseling, and group counseling.

Health Plan Employer Data and Information Set (HEDIS). Serves as a “report card” for providing information on quality, utilization, enrollee access and satisfaction, and finances for managed care organizations and other health care delivery entities.

Higher intensity counseling. Refers to interventions that involve extended contact between clinicians and patients. It was coded based on the length of contact between clinicians and patients (greater than 10 minutes). If that information was unavailable, it was coded based on the content of the contact between clinicians and patients.

Hotline/helpline. See Telephone hotline/helpline.

Hypnosis. Also hypnotherapy. A treatment by which a clinician attempts to induce an altered attention state and heightened suggestibility in a tobacco user for the purpose of promoting abstinence from tobacco use.

Intent-to-treat analysis. Treatment outcome analyses where abstinence percentages are based on all subjects randomized to treatment conditions, rather than on just those subjects who completed the intervention or those who could be contacted at followup.

Intra-treatment social support. Refers to an intervention component that is intended to provide encouragement, a sense of concern, and interested empathic listening as part of the treatment.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). An independent, not-for-profit organization that evaluates and accredits more than 19,500 health care organizations in the United States, including hospitals, health care networks, managed care organizations, and health

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care organizations that provide home care, long-term care, behavioral health care, laboratory, and ambulatory care services.

Logistic regression. Statistical technique to determine the statistical association or relation between/among two or more variables, and where one of the variables, the dependent variable, is dichotomous (has only two levels of magnitude) (e.g., abstinent vs. smoking).

Low-intensity counseling. Low-intensity counseling refers to interventions that involve contact between clinicians and patients and that last between 3 and 10 minutes. If the information on length of contact was unavailable, it was coded based on the description of content of the clinical intervention.

Managed care organizations (MCOs). Any group implementing health care using managed care concepts, including preauthorization of treatment, utilization review, and a fixed network of providers.

Meta-analysis. A statistical technique that estimates the impact of a treatment or variable across a set of related studies, publications, or investigations.

Minimal counseling. Minimal counseling refers to interventions that involve very brief contact between clinicians and patients. It was coded based on the length of contact between clinicians and patients (3 minutes or less). If that information was unavailable, it was coded based on the content of the clinical intervention.

Motivation. A type of intervention designed to bolster patients' resolve to quit through manipulations such as setting a quit date, use of a contract with a specified quit date, reinforcing correspondence (letters mailed from clinical/study staff congratulating the patient on his or her decision to quit or on early success), providing information about the health risks of smoking, and so on.

National Committee for Quality Assurance (NCQA). Reviews and accredits managed care organizations, develops processes for measuring health plan performance, and disseminates information about quality so consumers can make informed choices (e.g., report cards like HEDIS).

Negative affect/depression component. A type of intervention designed to train patients to cope with negative affect after cessation. The intensity of the interventions in this category may vary from prolonged counseling to the simple provision of information about coping with negative moods. To receive this code, interventions targeted depressed mood, not simply stress. Interventions aimed at teaching subjects to cope with stressors were coded as problemsolving. When it was unclear whether an intervention was directed at negative affect/depression or at psychosocial stress, problemsolving was the default code.

Nicotine replacement therapy (NRT). Refers to a medication containing nicotine that is intended to promote smoking cessation. There are four nicotine

replacement therapy delivery systems currently approved for use in the United States. These include nicotine chewing gum, nicotine inhaler, nicotine patch, and nicotine nasal spray.

Nortriptyline. A tricyclic antidepressant identified by the guideline panel as a second-line pharmacotherapy for smoking cessation. The FDA has not approved nortriptyline as a smoking cessation aid.

Odds ratio. The odds of an outcome on one variable, given a certain status on another variable(s). This ratio expresses the increase in risk of a given outcome if the variable is present.

Oral mucosa. The mucous membranes that line the mouth.

Person-to-person intervention. In-person, or face-to-face, contact between a clinician and a patient(s) for the purpose of tobacco use intervention or assessment.

Physiological feedback. A treatment by which a clinician provides to a tobacco user biological information, such as spirometry readings, carbon monoxide readings, or genetic susceptibility information, for the purpose of increasing abstinence from tobacco use.

Point prevalence. A measure of tobacco abstinence based on smoking/tobacco use occurrence within a set time period (usually 7 days) prior to a followup assessment.

Practical counseling (problemsolving/skills training). Refers to a tobacco use treatment in which tobacco users are trained to identify and cope with events or problems that increase the likelihood of their tobacco use. For example, quitters might be trained to anticipate stressful events and to use coping skills such as distraction or deep breathing to cope with an urge to smoke. Related and similar interventions are coping skill training, relapse prevention, and stress management.

Primary care clinician. A clinician (e.g., in medicine, nursing, psychology, pharmacology, dentistry/oral health, physical, occupational, and respiratory therapy) who provides basic health care services for problems other than tobacco use per se. Primary care providers are encouraged to identify tobacco users and to intervene, regardless of whether tobacco use is the patient's presenting problem.

Proactive telephone counseling. Treatment initiated by a clinician who telephones and counsels the patient over the telephone.

Propranolol. A beta-adrenergic blocker often used as an antihypertensive medication.

Psychosocial interventions. Refers to intervention strategies that are designed to increase tobacco abstinence rates due to psychological or social support mechanisms. These interventions comprise such treatment strategies as counseling, self-help, and behavioral treatment like rapid smoking and contingency contracting.

Purchaser. A corporation, company, Government agency, or other consortium that purchases health care benefits for a group of individuals.

Quit day. The day of a given cessation attempt during which a patient tries to abstain totally from tobacco use. Also refers to a motivational intervention, whereby a patient commits to quit tobacco use on a specified day.

Randomized controlled trial. For the purposes of this guideline, a study in which subjects are assigned to conditions on the basis of chance, and where at least one of the conditions is a control or comparison condition.

Reference group. In meta-analyses, refers to the group against which other groups are compared (i.e., a comparison or control group).

Relaxation/breathing. An intervention strategy in which patients are trained in relaxation techniques. Interventions using meditation, breathing exercises, and so on, fit this category. This category should be distinguished from the category of problemsolving, which includes a much wider range of stress-reduction/management strategies.

Restricted Environmental Stimulation Therapy. Also known as REST. A treatment involving the use of sensory deprivation to promote abstinence from tobacco use.

Second-hand smoke. Also known as environmental tobacco smoke (ETS). The smoke inhaled by an individual not actively engaged in smoking but due to exposure to ambient tobacco smoke.

Second-line pharmacotherapy for tobacco dependence. Second-line medications are pharmacotherapies for which there is evidence of efficacy for treating tobacco dependence, but they have a more limited role than first-line medications because: (1) the FDA has not approved them for a tobacco dependence treatment indication, and (2) there are more concerns about potential side effects than exist with first-line medications. Second-line treatments should be considered for use on a case-by-case basis after first-line treatments have been used or considered.

Self-help. An intervention strategy in which the patient uses a nonpharmacologic physical aid to achieve abstinence from tobacco. Self-help strategies typically involve little contact with a clinician, although some strategies (e.g., hotline/helpline) involve patient-initiated contact. Examples of types of self-help materials include: pamphlets/booklets/mailings/manuals; videos; audios; referrals

to 12-step programs; mass media community-level interventions; lists of community programs; reactive telephone hotlines/helplines; and computer programs/Internet.

Self-selected. Refers to a patient population that seeks or agrees to participate in a tobacco use treatment. May be contrasted with an “all-comers” population in which treatment is provided without the patient actively seeking it (see “all-comers”).

Serum cotinine. Level of cotinine in the blood. Cotinine is nicotine’s major metabolite, which has a significantly longer half-life than nicotine. This is often used to estimate a patient’s tobacco/nicotine self-administration prior to quitting, and to confirm abstinence self-reports during followup. Cotinine is commonly measured in urine and saliva.

Serum nicotine. Level of nicotine in the blood. This is often used to assess a patient’s tobacco/nicotine self-administration prior to quitting, and to confirm abstinence self-reports during followup. Nicotine is commonly measured in urine and saliva.

Silver acetate. Silver acetate reacts with cigarette smoke to produce an unpleasant taste and has been investigated as a deterrent to smoking.

Smokeless tobacco. Any used form of unburned tobacco, including chewing tobacco and snuff.

Specialized assessments. Refers to assessment of patient characteristics, such as nicotine dependence and motivation for quitting, that may allow clinicians to tailor interventions to the needs of the individual patient.

Starter kits. Self-help materials and/or programs usually provided by a pharmaceutical company to assist patients in successfully quitting smoking while using a pharmaceutical medication.

Stepped-care. The practice of initiating treatment with a low-intensity intervention and then exposing treatment failures to successively more intense interventions.

Tailored interventions. Tailored interventions are based on a dimension, or a subset of dimensions, of the individual (i.e. weight concerns, dependency, etc.). See also individualized interventions.

Targeted interventions. Targeted interventions are defined as interventions that focus on particular populations (i.e., racial groups, women, etc.).

Telephone hotline/helpline. A reactive telephone line dedicated to over-the-phone smoking intervention. A hotline/helpline treatment occurs when a

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hotline/helpline number is provided to a patient, or a referral to a hotline/helpline is made. The key distinction between a hotline/helpline and proactive telephone counseling is that in the former the patient must initiate clinical contact.

Tobacco dependence specialists. These specialists typically provide intensive tobacco interventions. Specialists are not defined by their professional affiliation or by the field in which they trained. Rather, specialists view tobacco dependence treatment as a primary professional role. Specialists possess the skills, knowledge, and training to provide efficacious interventions across a range of intensities, and often are affiliated with programs offering intensive treatment interventions or services.

Transdermal nicotine. Refers to delivery of nicotine by diffusion through the skin. Often used as a synonym for “nicotine patch.”

Treatment matching. Differential assignment of patients to treatments based on the patient’s pretreatment characteristics. Treatment matching is based on the notion that particular types of tobacco users are most likely to benefit from particular types of treatments.

Weight/diet/nutrition component. An intervention strategy designed to address weight gain or concerns about weight gain. Interventions that teach nutrition/diet/weight management strategies, incorporate daily/weekly weight monitoring (for reasons other than routine data collection), require or suggest energy intake maintenance/reduction, and/or convey nutritional information/tips/counseling receive this code.